THE SOCIAL AND REHABILITATION

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THE SOCIAL AND REHABILITATION
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ARTICLES

7 More Jobs for the Deaf — **Dorothy G. Jackson**
Employment initiatives for this traditionally underemployed group are surveyed.

12 San Diego's Plan for Self-Support — **Esther Cardall and Barbara Insel**
San Diego County officials look into the process of helping clients to self-sufficiency and self-support.

18 How Quality Control Cuts AFDC Errors — **Fred Schutzman**
This 18-month program brings Federal and State agencies together to cut errors in AFDC eligibility and payments.

26 SRS Strengthens Staff Offices — **Thomas Brubeck**
SRS responds to new emphasis on improved management of payments and services programs.

30 Medicaid Management Information System — **Richard C. Godmere**
Overview of the need for an information system to help managers govern this $6.5 billion program.

DEPARTMENTS

4 Regional Report

17 Administrative File

24 Publications and Films

29 Research and Demonstrations

30 Career Opportunities

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Two WIN agencies use common locale

Bringing together the WIN Task Force of HEW and the Department of Labor—"colocation," as they say in the trade—has received support from State Administrators of Employment Security at a Region III meeting. William Kolberg, Assistant Secretary for Manpower, DOL, said both agencies are determined to make this a successful demonstration of interdepartmental coordination.

The regional policy has been to promote this development, and there have been instances of colocation in several States, especially at the local level.

The Region III office has developed plans for helping the State agencies improve their WIN performance in 1974, with special attention given to the big cities.

Israeli talks on drug rehab to State officials

Virginia State Department of Mental Health officials recently attended a workshop on drug rehabilitation. Principal speaker was Mark Spivak, Ph.D., Israel Institute for Social Research, who presented the methods that his SRS-funded project developed in treating chronic mental patients. Although Dr. Spivak's study concerned mentally ill patients, the method has equal applicability to drug abusers. This latter observation was made by Dr. Thomas Updike, Director of the Bureau of Drug Rehabilitation.

The health officers attending were directors of community drug treatment programs. They represented every area of the State.

The method of intervention involves a simple, yet an extremely comprehensive assessment of clients in terms of their social competencies. Based on this assessment, project workers develop an individualized treatment and rehabilitation plan, targeted to specific skills, attitudes and behaviors that need changing. When the change is accomplished, maximum vocational and community adjustment should be achieved. Baseline data from the initial assessment can be used in evaluating the effectiveness of rehabilitation procedures.

Devils Lake center has social services

Devils Lake, N.D. has a new Human Service Center which houses a number of Federal, State, local, and private agencies, including the Regional Office of the Department of Social Services, Division of Vocational Rehabilitation, the local alcoholism program, and a Social Security branch office. The newly dedicated center also is the site of an SRS-funded project on services integration.

Group organized for recovered alcoholics

Recovered Alcoholics in the Professions (RAP) is a new association formed for professional people who have been able to overcome the addiction.

Frank Johnson of the Mental Health Department in New York City says the group will work toward improved treatment and prevention programs, remove the stigma of alcoholism among professional people, and provide an organization where persons can talk freely about their problems and their recovery.

The association eventually is to have directors and division chairmen in each State. Interested persons can obtain further information from RAP, PO Box 95, Staten Island, NY 10305.

Smithsonian displays milestone for disabled

"Triumph over Disability" is the title of an exhibit which will be on display through October 1974 at the Smithsonian's National Museum of History and Technology. The American Congress of Rehabilitation Medicine, in cooperation with the Smithsonian Institution, sponsored the exhibit commemorating its 50th anniversary.

The exhibit is dedicated to the late Mary E. Switzer, pioneer in the field of rehabilitation and the first administrator of the Social and Rehabilitation Service.

Four Conn. programs seek to reduce high welfare costs

The Presidential objective of improving the administration of public assistance (a goal monitored under the rubric of quality control in SRS) is gaining more and more recognition. In Connecticut, the welfare department has announced the creation of four new programs with quality control aims in mind.

According to a Region I official, the Connecticut plan is designed to reduce errors in payments to Aid to Families with Dependent Children (AFDC) recipients, the largest of the welfare categories. The present caseload costs the State almost $6 million per year.

To accomplish its quality control goals, the State has:

Created an assessment unit of experienced welfare workers who will examine on a statewide basis the ac-

curacy of the welfare department employees' work.

Required AFDC recipients to visit welfare offices twice a year to document their eligibility in the program.

Required recipients to notify the department in writing within 15 days of changes in their eligibility status.

Installed a new telecopier system between welfare districts and the central office in Hartford. This permits a quick recording of all eligibility changes.

Rehab counselors use teletype with the deaf

Communications between two California State rehabilitation counselors and their deaf clients have been improved through use of a reconditioned teletype machine from the army.

The counselors use the old teletype machine to communicate directly with many of their clients in making appointments, arranging for interpreters, informing clients about job opportunities, and for emergencies.

A pilot test has been conducted by the Van Nuys office of the State Department of Rehabilitation since last summer when it was loaned a teletypewriter (TTY) by the California State University at Northridge.

A deaf person with a TTY in his home (about 800 are in use by deaf persons in California) can make his own calls to other persons equipped with a machine. Using the telephone, a person with a TTY dials the telephone number of another person with a machine. Then he places his telephone handset in the cradle of an adaptor connected between the telephone and the machine. The person called is alerted by a flashing light on his phone. Upon seeing the light, he places his handset in the cradle of his adaptor and then types "GA" (go ahead) to the caller.

The Department of Rehabilitation reports it plans to buy several portable machines. Deaf students at Valley Junior College and the County Community Services for the Deaf in Van Nuys hope to obtain machines in the future.

Approval given for bigger refugee flow

The Acting Attorney General has accepted the State Department's recommendation that the rate of flow to the United States of Cuban refugees now in other countries be increased from the present 1,000 a month to 2,000 to 2,500 a month. This increase would bring to the U.S. about 25,000 to 30,000 refugees in a year's time.

Most of the refugees are in Spain, where they have been living under conditions of hardship for several years. Some of them have depended upon relatives in the United States for support.

Better screening is State bill's object

The California legislature recently enacted a law (AB 2068) which requires county health departments, beginning in July 1974, to develop a screening program for all children under 6 years of age and all Medi-Cal eligibles under 21. The bill requires the program to provide the same services as now required in the Medi-Screen program.

The new bill, which reflects the legislature's belief that not enough has been done to implement Medi-Screen, creates a five-man Child Health Board which will have broad policy powers over the screening program.

Rehab costs down in midwest

An analysis of rehabilitation services shows that during 1968 through 1973, the average cost of rehabilitating handicapped Social Security Disability Insurance beneficiaries through the use of SSA trust funds was less in the midwestern States of Region VII. In fiscal year 1973 the regional average was $2,536, compared to the national average cost of $3,834. During the same period in Region VI, costs also were less in the basic support program.

10-week program trains interpreters

Recognizing the deaf community's increasing need for interpreters, the New York University Deafness Research and Training Center has initiated an intensive interpreter training program. For 10 weeks, 12 young adults are immersed in preparation to qualify as interpreters. The instruction emphasizes manual communication as practiced in different situations.

As a mark of the group's successful completion, 10 of the graduates are now placed as active interpreters in the deaf community—in hospitals, social service agencies, vocational-technical training programs, undergraduate and graduate university programs, courtrooms, and other such employment possibilities.

The Deafness Center's project has demonstrated the effectiveness of an interpreter training program spanning only a few months: it has increased the number of available interpreters; and, it has given a new vocational and service direction to the trainees.

The program's success has prompted the center to publish a curriculum guide for trainers of interpreters.

More Jobs for the Deaf

DOROTHY G. JACKSON

Many specialists in deafness consider underemployment the major occupational problem of deaf adults, since they frequently are placed in deadend jobs. This fact was confirmed by the Social and Rehabilitation Service (SRS) in a special tabulation of some 4,000 deaf clients rehabilitated and placed in jobs in 1967. Although deaf vocational rehabilitation clients are not representative of the deaf population, it is interesting to see how their job status that year compared with a 1968 survey of all employed persons in the U.S.

About 1 out of 5 deaf clients versus 1 out of 20 U.S. workers were placed in unskilled jobs, and 1 out of 4 versus 1 out of 8 in service jobs. In professional, technical, and managerial occupations, only 8 percent of the deaf were represented, compared with 24 percent nationally.

The employment pattern is essentially the same across the U.S.—there are far more deaf workers in the semiskilled and unskilled categories and far fewer in the professional and clerical categories than in the general population. The majority are still in blue-collar jobs, most in the manual labor category. As time goes on, such jobs will become scarce and the competition for them keener. The Department of Labor (DOL) estimates that by 1980 over half of the workers in the U.S. will hold white-collar jobs. Even so, blue-collar occupations will continue to be a major source of employment, accounting for an anticipated 31 million jobs in 1980. Some 15 million of these jobs will be at the operative level.

According to DOL, the demand for professional and technical workers, who require the most education, will grow at the fastest rate. Next are the service and clerical categories. In 1980 an estimated 11 million people will be employed in the service industries and 17 million as clerical workers. At the same time, the demand for nonfarm laborers will decrease to 3½ million.

The manufacturing industries will remain the largest source of employment, but the greatest rates of employment increase (44 percent) will occur in State and local government; personal, professional, and

business services; and construction. Increases in manufacturing and trade account for another third of the total projected employment growth, but agriculture and mining will continue their decline.

This situation led SRS to sponsor a project (14-P-55083, 1971) to collect and disseminate information concerning employment opportunities for the deaf. Project staff first conducted a pilot study and then held three research utilization seminar-workshops to provide a forum for an exchange of ideas on job development and placement strategies.

A crucial element in these meetings was participation by deaf persons. In a sense they served as a lobby, representing the interests of the deaf community. Their viewpoints were especially valuable in the preparation of the final report—a synthesis of ideas developed during the seminar-workshops and data gathered during earlier research.

The report deals with both deaf and hard-of-hearing persons. According to preliminary figures from the 1972 National Census of the Deaf, approximately 13.2 million people in the U.S. have a significant bilateral impairment of hearing. From 2 to 3 million are profoundly deaf (cannot hear or understand speech). Of that number, 300,000 became deaf before age 3 (prelingual) and another 100,000 before age 19 (prevocational).

When filling a job, employers are primarily concerned with employee productivity and reliability. They look for an applicant whose background indicates that he is punctual, steady, conscientious, willing to learn, able to get along with others, and has had sufficient specific training to meet production standards in a relatively short time. This works for and against the deaf applicant and the counselor who tries to place him. The closer he resembles the ideal, the better his chances, especially if he has good communication or there is a tight labor market. Although the communication barrier still exists, it can be offset by positive attributes in personality and work history.

However, adequate communication is of great concern to employers and for this reason they tend to hire workers who speech-read and speak intelligibly.

A 1968 pilot survey of 500 manufacturing firms employing 100 or more workers revealed that 32 percent regarded deafness as the handicap most likely to prevent hiring, another 32 percent said it would be the least likely, and 36 percent said it had little effect on hiring. Three other disabilities ranked higher on the "most likely to prevent hiring" list—total blindness (98 percent), mental retardation (40 percent), and epilepsy (36 percent).

Not all employers are equally concerned about educational achievement. The demand for a high school diploma has been eliminated in many firms. Graduation from a vocational school is desirable, but evidence of specific training or competence is good enough. For some employers, a

willingness to learn and a positive attitude toward work are of major importance. Conversely, a poor work history and a poor attitude toward job holding are dominant factors in rejecting applicants, but a poor impression, physical defects, and a poor appearance are of little importance.

Gatekeepers (those who make hiring decisions) considered the following characteristics strong points for hiring any applicant for a factory job: Punctuality, 76 percent; seldom takes time off, 71 percent; held past job 3 or more years, 67 percent; no unemployed periods of more than 1 month, 52 percent; gets along well with others, 60 percent; vocational school graduate, 48 percent; has transportation, 48 percent; good physical shape, 47 percent.

Gatekeepers from firms employing deaf persons felt that deaf workers stayed with a company longer than hearing workers, that they had lower absentee rates, that the supervisory staff and other employees accepted and worked with them fairly readily, and that they were not particularly accident prone.

Gatekeepers would not employ deaf persons for jobs which involved communication with the general public or required intraplant communication with foremen or fellow employees. Neither would they hire them for jobs where hearing is needed to monitor machines or where physical danger is indicated through sound.

About 70 percent of the gatekeepers who would not hire deaf people represented firms where foremen frequently have to talk to their workers. The more complex the instructional requirements, the more negative was the attitude. Over half who had predominantly negative reactions said they rarely made a risky "hire," but two-thirds of those with fairly neutral reactions said they occasionally took a chance on an applicant who did not meet ordinary standards.

A 1969 Department of Commerce study reported that employers are mainly concerned with the handicapped worker's ability to perform his job competently and to meet production standards. The extra supervision, training, and job-adjustment time ordinarily needed by workers is of secondary importance.

About 83 percent of the personnel managers surveyed in 1968 under another SRS project had had no experience with deaf employees. However, 35 percent of those who had hired deaf workers considered the quality of their work above average, and over half were willing to hire other deaf persons. Forty-two percent of the foremen who had had direct experience with them thought they were above average when compared with hearing workers in the same job category.

Large firms are more likely to hire deaf workers than small firms, possibly because they have more jobs and frequently are national corporations with a broader outlook and more liberal employment policies.

Trying to persuade employers to hire deaf applicants by appealing to their sense of social responsibility is ineffective. They are inundated with appeals from special interest groups.

To counteract employer concern about hiring, the counselor will want to emphasize capabilities and be prepared to show what the client can do, since evidence of competence and stability can offset employer reservations. He should describe fully his client's training and experience.

When possible the counselor should have the vocational instructor talk to the employer before the interview to point out how the client's skills fit the employer's need. No client should be sent out for a job interview unless he has had the training or experience that the job requires; and the employer should be given a realistic appraisal of the client's skills.

Many counselors recommend and rely heavily on a trial work period of a month or more so that job suitability can be determined. This can eliminate the need for firing by guaranteeing withdrawal if the client proves unsatisfactory.

Expanding the range of job opportunities requires a concerted effort to locate jobs, widen and raise occupational aspirations, and circumvent real and imaginary employment barriers.

The counselor must develop rapport between employer and client. He should have access to a variety of employers and be able to find workers who meet their needs.

Application forms are basic resource documents for personnel managers and, therefore, are quite influential in determining chances for employment. Specific assistance in this is critical. Some counselors conduct training in job application, including everything from completion

of the form to job interview behavior.

Counselors may use some positive stereotypes about deafness. For instance, they might remind employers that deaf persons do not waste time gossiping and that deafness enhances powers of concentration and facilitates accurate work.

To place a deaf worker who has no communication skills, the counselor must stress other abilities and persuade the employer that the job can be done well by a person unable to communicate normally.

That deaf persons are ideally suited to noisy environments is by no means always true. Many have low tolerance for continuous noise because their range of hearing in lower frequencies is narrow. Excessive noise may destroy their residual hearing. Since sensitivity to increases in sound level varies among individuals, jobs with high noise levels should be restricted to those who can tolerate them.

Most deaf people, like most hearing people, do not rely heavily on placement services or employment counselors when seeking a job. In a survey of deaf professionals, the researcher found that 60 percent received help in locating their first job from relatives or friends rather than from institutional sources. This percentage also holds true in other studies. A similar inclination to use informal rather than institutional sources for filling job vacancies is apparent among employers. Seventy percent of the manufacturing firms surveyed revealed that they drew most of their applicants (both deaf and hearing) for semiskilled and unskilled job openings from the friends and relatives of their own employees.

When testing is a job requirement, the counselor often can provide some practice for it to offset the disadvantages of deafness typical in most test situations. He also should arrange for an interpreter to be present so that the applicant understands the written and oral instructions.

Of major concern to employers is their need to assess suitability adequately, which can be done on a one-to-one basis. They are particularly reluctant to have family members act as go-betweens during interviews.

To dispel misconceptions, employers need an information program specifically designed for them. Counselors and placement specialists at the seminar/workshops said their efforts were seriously hampered by the lack of informational materials on deafness. They thought that films or videotapes designed for use with employers would be a particularly valuable informational and public relations tool. The films should be brief (30 minutes or less), of professional quality, and should feature deaf people in their work settings to acquaint viewers with both their capabilities and the impact of deafness upon them. Above all, they should be realistic and should give a picture of the total deaf population, not just the highly articulate professional, technician, or skilled craftsman.

fairly well but who is too unsure of his voice to use it, a combination of

For the worker who can read and write satisfactorily and speech-read speech, writing, and demonstration is advisable. Writing notes is the method deaf employees prefer when communicating.

If the worker has very little speech, both gesture and demonstration will be needed in the absence of a coworker who can use sign language. In a plant that already has deaf employees, or someone who can communicate manually, the employer usually will rely on such assistance in training the new worker. Some State vocational rehabilitation agencies, however, will supply interpreters who, at no cost to the employer, will help a worker learn a job or take part in a training program.

Some employers are receptive to job-coaching or the use of a buddy-system. In such a situation the counselor should work with the assigned coworker to make sure the employee is moving toward greater independence and self-sufficiency, and that the employer will not become disturbed by an excessively long break-in period.

On-the-job followup can be overdone. Aim to have the new employee working independently as quickly as possible. The inplant orientation should be reasonably brief; but the foreman/supervisor and the employer should be made well aware that the rehabilitation counselor's services are available when needed.

It is difficult for a counselor working alone to be thorough in developing jobs. There are too many employers, too many jobs, and too many other demands on his time. However, a coworker could be a great help to the counselor by familiarizing him-

self with occupational and industrial trends. He then could make judgments about the relative demands for various kinds of workers; assess jobs and individual firms as to their suitability for deaf workers; and educate and proselytize employers.

Without such help, counselors seldom have adequate access to the full range of job openings available in an area, and thus the number of job options open to their deaf clients is limited. This problem can be alleviated by allocating additional resources to job development. Some specific steps that regional and State vocational rehabilitation agencies might take include the following:

Become actively involved with the State Employment Service in planning how computer technology can be used to expedite the job search, with particular emphasis on increasing the effectiveness of the Job Bank, a computerized daily listing of job orders placed with the State Employment Service. (For further recommendations on the use of Job Banks, see the article "Making Job Banks Work for the Handicapped," by Frank Atelsek and Eva Mackin, in the HEW periodical *Human Needs,* Volume 4-5, Sept.-Oct. 1972.)

Recognize that job development is a complex, time-consuming task and so create a position—job developer for communication-impaired persons—in areas with sufficiently large deaf populations to justify it. In other areas, it might be expedient to use part-time, paid or volunteer aides with a business or industrial background and a strong interest in deafness to canvass area firms.

Create and maintain a databank on firms which hire deaf workers, especially on those employers who have jobs that deaf workers could fill.

Another project, an SRS Research Utilization Laboratory (RUL), has been studying the question of employer relations. In its *Manual on Agency-Community Relations,* it describes how three agencies replicated specific techniques used in R&D projects in an effort to improve their programs of job development, the clients' preparation for meeting employers, and the use of employers to help clients evaluate their work prospects and problems. To implement these techniques and help the agency bring about changes in its service programs, the RUL introduced a job development center into each agency. Here is a summary of some of the RUL findings:

The kind of agency structure in which the job development specialist functions often determines the problems he will encounter in doing his job. In a small agency, where he is the only professional available in a given area, he may not be adequately trained for all that he has to do.

In a setting where the job development specialist assumes responsibilities previously held by other staff members, resistance to change and poor communications are frequent because of the complexities of the agency's structure and the problems involved in redefining client needs, and staff roles and relationships.

Even as the agency structure affects the role and functions of the job development specialist, so also can the specialist's presence alter the agency structure. An unanticipated result in one of the agencies was the *centralization* of the placement function in a single department.

In two of the agencies, the professional staffs' definition of client needs and their conception of the placement function of the job development specialist interfered with their acceptance of this new staff position. This in turn affected the level of cooperation between old and new staff needed to make the innovation work. Only after participation of professional staff in some of the job development-job hunt preparation activity could new ways of looking at the whole situation be worked out.

Significant changes in ongoing agency programs often resulted from the efforts of the job development specialist. One agency's workshop and counseling staff changed its work orientation from factory to service occupations when the job development specialist reported these as being the only kind of jobs then available.

Another agency's evaluation and adjustment program staff has since adopted the concept of group counseling and peer group pressure from the job development specialist and incorporated it as an integral part of their service approach.

Mrs. Jackson is a social science analyst for the Division of Research Utilization, Office of Research and Demonstrations, SRS.

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San Diego's Plan for Self-support

ESTHER CARDALL and BARBARA INSEL

Does it pay to put welfare recipients to work? Can social services effectively reduce the grant and service dependency of welfare clients? Are these services working? How much do they cost?

Finding answers to these questions has become an urgent task for social service agencies at all levels. A public concerned about welfare costs has demanded answers and action. The Federal Government has placed a ceiling on social service funds and a priority on services to increase the employment of welfare recipients.

Local departments of welfare are faced with the challenge to reform. The process is neither quick nor easy—but it is possible. Our experience in San Diego may be such an example.

The San Diego County Department of Public Welfare has completed separation of service and income maintenance functions through administrative levels. Cases are in a service status only if service (1) is requested by the individual, (2) involves a protective situation, or (3) is required by regulations.

We had become interested in goal-oriented social services in 1971. Consultants from the Rohr Corporation were hired and worked with a pilot district office to develop the concept of goal-oriented social services within specific delivery time frames. As a result of the project the department abandoned narrative recording, adopted a brief, partially closed recording document, and placed a 6-month maximum for a case to remain in service. (Certain exceptions were subject to supervisory control.) Further, all services were to relate to one of the several goals.

In addition, by 1971 we had two record systems: one computerized and one manual. The computer showed the time that cases were in a service status, the types and numbers of services provided, and certain required termination data. Nonautomated (manual) entries provided documentation of the services provided and a brief assessment that included client strengths and weaknesses, service needs, and a plan.

However, the San Diego administration became concerned about data duplication on the two instruments and the lack of criteria for service evaluation. Therefore, the

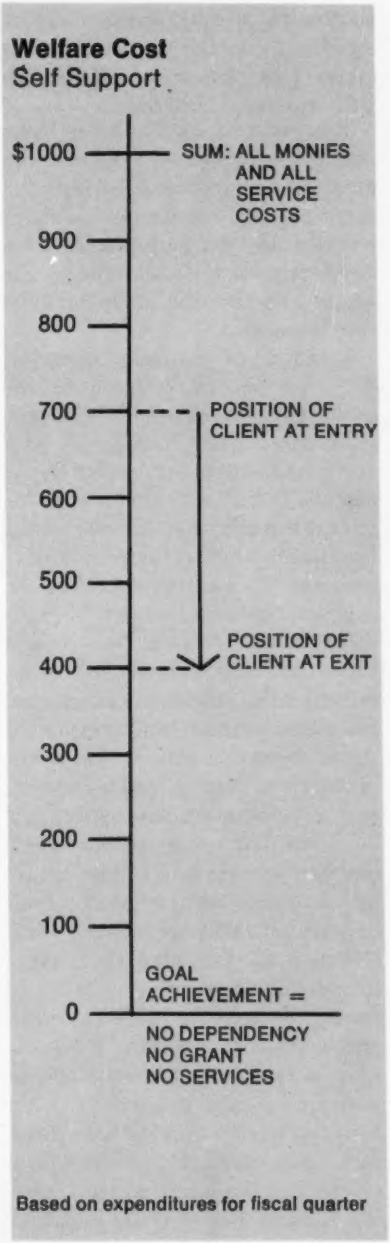
department's services division was given the responsibility to develop a format that would (1) reduce the amount of writing required by service staff, (2) meet Federal and State requirements, and (3) incorporate some proposed federal changes to minimize expected future changes under new final regulations.

At this point it became imperative to investigate a new approach to evaluate effectiveness and change the agency's concepts and language to a goal-oriented system.

Meanwhile, in June 1972, SRS contracted with a consulting firm to develop a methodology to evaluate the costs and benefits of services that help AFDC clients achieve self-support. The objective was an evaluation system that State and local agencies would use to assess the effectiveness and efficiency of services in achieving the self-support goal and to identify the client groups for whom these services are provided.

This methodology was to be tested in several local agencies. Both the contractor and the Federal Government wanted at least one California test site, because of our State's interest and experience in employment programs, the variety of self-support approaches being pursued, the general readiness of the county-administered system, and the large amount of the federal services budget received by California.

San Diego County was selected from among several volunteers to be the first test site. San Diego is an "employables" county; hence, several other types of self-support programs



were avialable in addition to the WIN program. San Diego County is also a member of the case data system, an automated data system for social services and income maintenance, cooperatively developed by seven California counties. The county, therefore, would have the necessary data to test the evaluation methodology. Moreover, the San Diego Department of Public Welfare had a history of administrative innovation, exceptional management skills, and high quality staff which was available to support the proposed field test. Finally, San Diego County wanted an evaluation system for its social service program.

The San Diego field test began in December 1972. It consisted of examining 160 self-support cases selected at random and recording detailed client, service, training, placement, and financial data. Gradually the consulting and DPW staffs together designed an evaluation and reporting system to meet San Diego's immediate needs. The DPW staff assumed responsibility for the redesign of the service recording system to meet evaluation requirements within the goal-oriented framework of new federal regulations. The consulting team continued to refine the methodology, gathering information in two additional sites: Durham, N.C., and Chatham County, Ga.

The result of this cooperative effort has been the design of fully compatible components of an evaluation system. This system specifies an evaluation framework to achieve the federal goal of self-support. Our

approach evaluates service delivery by measuring client movement toward that service goal. It describes the service process as a pyramid and identifies the levels a client must achieve to reach the peak—the goal of self-support.

At the base of the pyramid are specific service elements, such as day care or housing. At the next level are one or more "service mixes" or programs. A service mix is a combination of specific service elements in specific amounts and delivered by prescribed methods. Each client receives some kind of service mix. The mixes are mutually exclusive. At the top of the service system are such goals as self-sufficiency or self-support. (See page 15.)

The evaluation of the performance of this service structure requires a compatible hierarchy of effectiveness measures. (See page 15.) "Effectiveness" is the achievement of the service goal, self-support. This is measured by the change in goal-related characteristics of the Client as he moves toward self support.

For example, there may be some change in the state of his training, employment, and financial and service dependency. We assume this change is observable and measurable.

We assume that a service mix should achieve a "service subgoal," which is an aspect of the required client change within a goal structure. The effectiveness of the overall service system is the sum of client change achieved by the combination of the service mixes, three of which are primary: social services, training and placement, or employment counseling. Each one has an effectiveness measure which is the change in specific aspects of self-support.

It is assumed, on the other hand, that the objective of a service element is the reduction of specific barriers to the client's goal achievement. Thus, the performance of a day care service is measured by the extent to which the need for child care is satisfied.

Removal of barriers, however, does not necessarily produce the client change required to achieve self-support. The effectiveness of a service element is determined by the extent to which it contributes to the change in a client's status, when combined with other services in a service program. To measure this effectiveness, we assign a "weight" to each service's performance; this weight shows to what extent the barrier reduction influences client change. For example, the effectiveness of the day care service element—in a mix of day care, training, and transportation to achieve the self-support goal—is measured by the extent to which day care contributed to the client's job readiness and reduced service dependency. This contribution is determined by weighting the change in the child care barrier relative to the importance of the child care services in the achievement of job readiness. A formula for computing this measure has been defined.

Program effectiveness has, therefore, two measures: *direct client change* and the weighted set of *service element performance measures* for each of the services in the program.

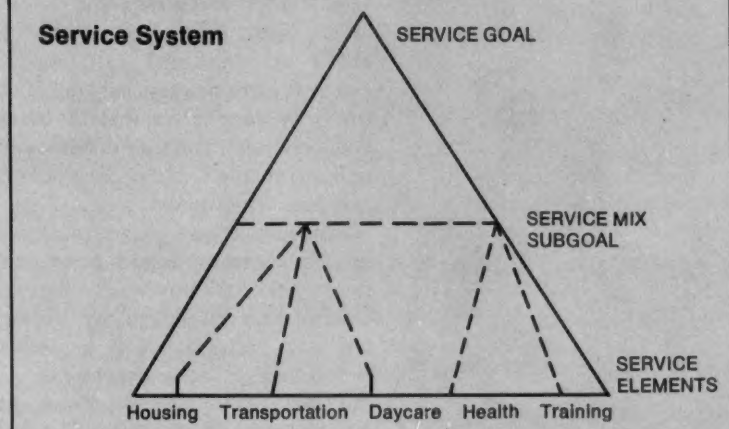
Finally, we defined "benefits" as being the dollar value to an agency which achieves the service goal for its clients. Self-support is the primary service area having such an economic value (and, therefore, amenable to benefit analysis); but other service goals may have non-financial, social, or political benefits.

If we say the goal of self-support is equivalent to a reduction of client dependency on financial assistance and social services, then the agency's benefits from the delivery of self-support services are the reduced costs of dependency, *i.e.*, "welfare savings."

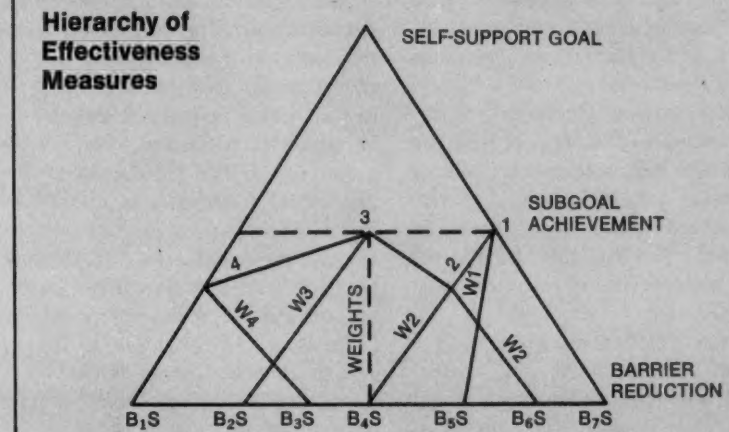
Further, every level of goal achievement is assumed to have a corresponding level of benefits. (See page 13.) If each self-support subgoal, or intermediate level in the pyramid, suggests a matching level of welfare expenditures, then every upward change in the client's state (our definition of goal achievement) implies a welfare saving. (This "saving" may be negative, of course, if the client becomes more dependent and descends in the pyramid.)

Each service mix (or program) specifies a number of service units and a delivery method; hence, if we know what the agency spends on each service unit, then every service mix has a defined cost. Thus, the investment required for each level of effectiveness can be assessed.

This system makes possible a quarterly evaluation and prediction of service effectiveness, benefits, and



Service System is composed of elements that relate to mixes or subgoals. All must link directly to goal achievement: i.e. self-support or self-sufficiency.



Self-support goal is economic independence and is the sum of client change. Self-sufficiency is also the sum of client change but not of economic independence.

Subgoal is achieved through service mix and should represent client change toward goal.

Barriers are reduced by application of units of service elements.

costs. To evaluate the dollar effectiveness of services in the preceding quarter, you compute the net change in self-support service costs from the last quarter to the present quarter. This benefit measure can be computed for groups receiving alternative service programs, in order to compare the performance of these different mixes.

To project future service effectiveness, an agency would identify the client change associated with each level of benefits in the preceding quarter. (We assume that this past relationship between welfare costs and client state will be valid in the future.) To develop a performance projection, an agency would measure the barrier reduction produced by each service measure and compute the weights relating barrier change to program effectiveness. (We assume that the effectiveness of each service element, defined as barrier change per unit of each service, will also remain constant and the relative client change produced by each service mix will not shift much either.)

Since each service mix describes a level of investment, the budget required to obtain the desired client change may also be predicted. The definition of desired client change will yield an estimate of potential benfits from these mixes. Conversely, the maximum client change—the maximum benefit possible—from the investment required by each service program can be projected.

By specifying a certain desired level of client change, an agency will be able to identify the character-

istics of the client group to whom it should address each service mix. The efficiency of case diagnosis and service planning on a client basis could be improved. The impact of change in any delivery pattern or in client characteristics may be analyzed. Using this structure of effectiveness measures, an agency can maximize goal achievement while controlling its investment.

To implement this new system requires a new terminology. Client weaknesses are now called "barriers" to be overcome. "Aids" are a client's positive qualities which facilitate goal achievement (as opposed to barriers).

New federal goals of self-support and self-sufficiency (Ed. Note—relates to proposals under consideration at time of writing) encompass the many goals hitherto used; previous agency goals became subgoals or service mixes. Examples of subgoals are child and adult protective services, adult and child placement activities, job readiness, or part time employment.

Social service elements are defined by *units of service*. A unit can be a home call, a telephone call, or a resource call, as long as a service is provided. These units must be documented as available and offered; client acceptance or rejection must be noted.

Service elements must relate to the subgoal (service mix) and overall goal. For example, a housing element could relate to either self-support or self-sufficiency, while child care, transportation, or family planning clearly relate to self-support. If a service falls outside the goal, then the goal should be redefined or the service examined for its validity.

This system requires the following data items for each case: client goal selection, client barriers and barrier levels, client aids, client state indicators at entry and exit, service program identification, subgoal identification, service elements by units delivered and method of delivery, unit service costs, and client outcome and goal achievement.

This new system judges effectiveness in terms of client movement toward the primary goal. Service effectiveness is judged by barrier removal. Performance is measured by client goal achievement. As an example, for the goal of self-support we can determine the financial benefits of client goal achievement by measuring the welfare savings produced by employment.

Such a system can be used by all agencies collecting data either automatically or manually. The key to this approach is to think in terms of overall goals and the hierarchy of necessary activities for goal achievement. San Diego County is in the process of modifying its operations in order to implement this service evaluation system. As Mr. Homer Dietrich, long-time San Diego Director of Public Welfare comments, "The important thing is to find a system in social services that produces results. This approach has high potential to be such a system."

Ms. Cardall is a Case Management Consultant in the San Diego County Department of Public Welfare; Ms. Insel is an economist and management consultant.

The Administrative File

Each month the SOCIAL AND REHABILITATION RECORD will carry a listing of SRS administrative issuances for previous months. Over the course of a year, the RECORD will have presented a complete bibliography of administrative issuances for the year.

The following are the administrative issuances for the month of December 1973. (Abbreviations key: **PR**-Program Regulations; **PRG**-Program Regulations Guides; **PI**-Program Instructions; **IM**-Information Memoranda; **FSI**-Field Staff Information and Instruction Series; **AO**-Administrator's Office; **MSA**-Medical Services Administration; **APA**-Assistance Payments Administration; **CSA**-Community Services Administration; **RSA**-Rehabilitation Services Administration; **NCSS**-National Center for Social Statistics.)

When ordering reports, please specify the appropriate room number for the particular report: For NCSS reports, write NCSS Reports Clerk, Room 2620; for PR reports, write PR Reports Clerk, Room G-115B; for AO reports, write AO Reports Clerk, Room G-115B; and for all other reports, write Reports Clerk, Room 5219.

Send all requests with the appropriate room number to Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 330 C Street S.W., Washington, D.C. 20201.

APA-PI-74-8: Need, Income and Resources of SSI Beneficiaries Not to be Considered Under Title IV-A (12/20/73)

MSA-PIM-74-6: 100% Federal Financial Participation for Certification Surveys (List under *Medical Care;* file under HM *11-8,* c/r FO 7) (12/6/73)

MSA-FSI-74-36: EPSDT Progress Report Update (12/7/73)

MSA-FSI-74-37: Senate Passed Technical and Conforming Amendments to the Social Security Act, H.R. 3153 (12/12/73)

MSA-FSI-74-38: Submission of Medicaid Preprinted Plan (12/17/73)

MSA-FSI-74-39: Request for State Definitions of Level of Care Determinations of Need for ICF Care (12/28/73)

NCSS-IS-PI-74-14: Quarterly Statistics Report on PA Applications, Cases Approved, and Cases Discontinued, Form SRS-NCSS-2079 (12/10/73)

NCSS-IS-PI-74-15: Statistical Report on Number of Recipients and Amounts of Money Payments Under Public Assistance Programs, Form SRS-NCSS-2078 (12/10/73)

NCSS-IM-74-4: 1973 AFDC Study Follow-up Survey of Cases Discontinued During 1973 (12/18/73)

AO-PR-10-14: Eligibility of Supplemental Security Income Beneficiaries for Food Stamps or Surplus Commodities (12/13/73)

AO-IM-74-24: Penalty for Failure to Provide Child Health Screening Services (12/19/73)

AO-IM-74-25: SRS-Policy Issuances-Index and Check Lists (12/31/73)

AO-PR-10-11(C-14) 40-20(C-2): Eligibility for Medical Assistance (1973) (12/3/73)

RSA-PI-74-10: Vocational Rehabilitation Program Under the Supplemental Security Income (SSI) Provisions of the Social Security Act (12/6/73)

RSA-PI-74-11: First (1974) Institute on Rehabilitation Issues (Formerly the Institute on Rehabilitation Services) (12/10/73)

RSA-PI-74-12: Implementation of the Rehabilitation Act of 1973 in the Development of the State Plan for Vocational Rehabilitation Services (12/12/73)

RSA-PI-74-13: Interim State Plan Supplement to Assure the Provision of Vocational Rehabilitation Services Pursuant to the Rehabilitation Act of 1973, Public Law 93-112 (12/14/73)

RSA-PI-74-14: Verification of Eligibility for SSI Payments on Conversion Cases (12/14/73)

RSA-PI-74-15: Distribution of FY 1974 Allotments and Grants for the Basic Support Program Under Section 110 of the Rehabilitation Act of 1973 (12/14/73)

RSA-PI-74-16: The Severely Disabled: Their Priority for Service, Definition, Identification and Reporting (12/20/73)

RSA-IM-74-31: Trends in the Rehabilitation of Public Assistance Clients—Fiscal Years 1970 through 1973 (12/5/73)

RSA-IM-74-32: Drug Addiction and Alcoholism Provision of the SSI Program (12/7/73)

RSA-IM-74-33: Distribution of Report "Caseload Statistics, State Vocational Rehabilitation Agencies, Fiscal Year 1973."

RSA-IM-74-34: Fifth Biennial Conference, Professional Rehabilitation Workers With The Adult Deaf, Tucson, February 12-15, 1974 (12/10/73)

RSA-IM-74-35: Number of Rehabilitations: July 1 to October 31, Fiscal Years 1973 and 1974 (12/13/73)

CSA-IM-74-8: Travel Cost for Foster Parents to the Fourth National Conference of Foster Parents, Spokane, Washington, April 1974 (12/26/73)

CSA-PRG-74-3: Service Programs for Families and Children and for Aged, Blind, or Disabled Individuals (12/4/73)

How Quality Control Cuts AFDC Errors

FRED SCHUTZMAN

From January 1, 1974, to June 30, 1975, every State will intensify its management effort to improve the integrity of its Aid to Families with Dependent Children (AFDC) program.

This 3-phase, 18-month error reduction effort has high priority at all levels of government. It is more than justified by national error rates, based on the April-September 1973 State quality control (QC) reviews (for State AFDC case and payment error rates, see page 19) of more than 44,000 of the Nation's 3 million cases: 10.2 percent of the AFDC families are, in fact, not eligible for benefits; 22.8 percent are eligible but overpaid; and 8.1 percent are eligible but underpaid.

Quality control is used extensively by industry for maintaining control over the quality of services and products. As applied to public assistance, it becomes a management tool for improving program administration, insuring correct expenditure of public funds and correct benefits to eligible recipients.

The stakes are high: overpayments and payments to ineligibles are raising all AFDC welfare costs at the rate of $1.17 billion a year. Almost a quarter of a million eligible families are receiving less money than they should. And, finally, concerned citizens doubt the will and the capacity of government to operate an effective AFDC program.

Summarized here is the development and the current operation of the AFDC quality control system.

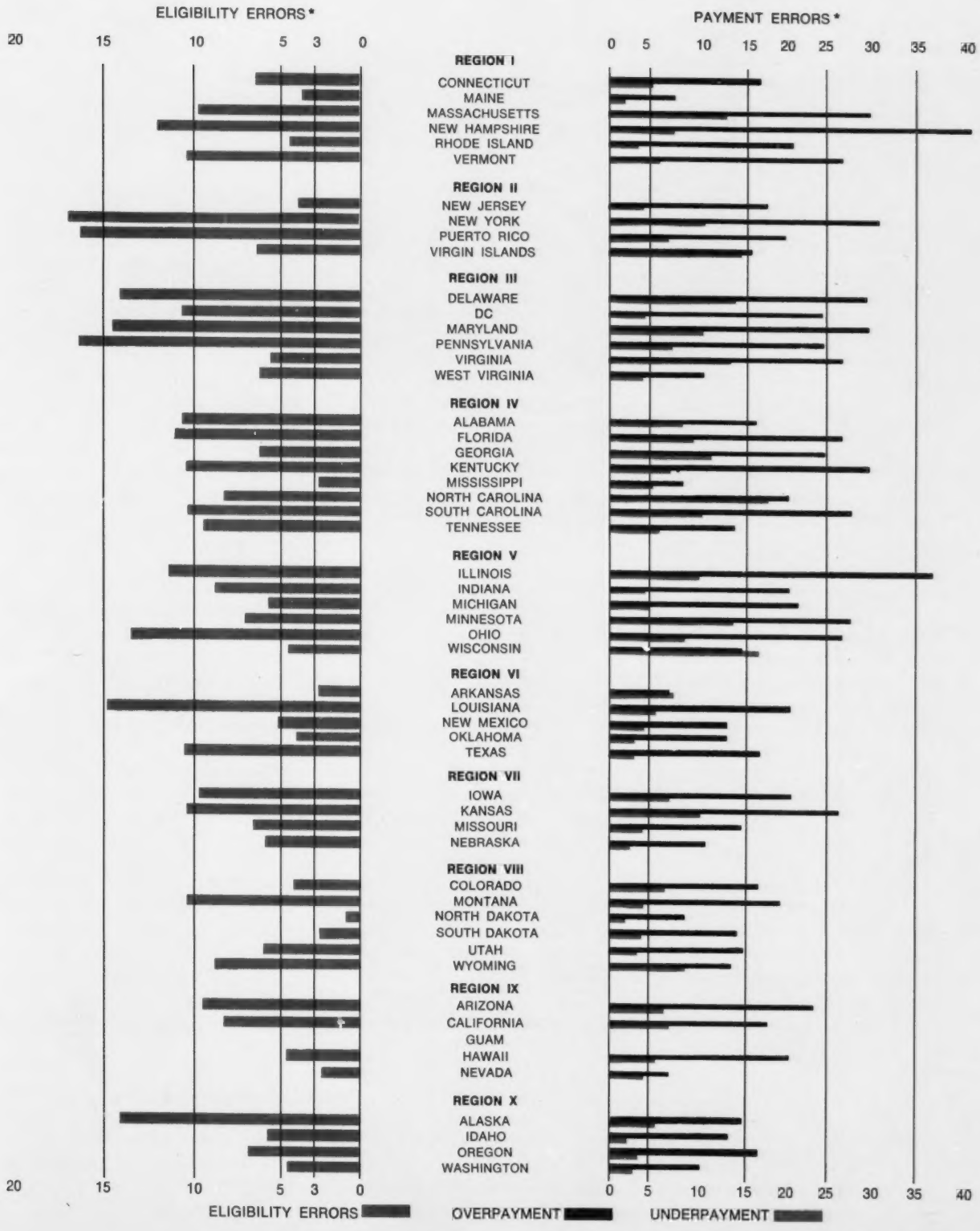
In the early 1960s, Congress expressed concern about rising caseloads. A special study in the District of Columbia found that 52 percent of its caseload was ineligible. As a result, in 1963 HEW officials were asked to conduct a nationwide AFDC caseload review, a gigantic undertaking known as the National Eligibility Review. It showed an ineligibility rate well below 52 percent, yet above earlier HEW estimates. In reporting to Congress, HEW committed itself to the prompt design and implementation of a system that would provide accurate information on the validity of State and national caseloads and serve as a management tool for State use in improving agency performance in correcting problems associated with high ineligibility rates.

The first QC program concentrated on monitoring the correctness of worker eligibility and payment decisions. It also provided a formally designed management approach for looking at income maintenance programs, identified cumbersome and complex State policies and procedures, and highlighted the need for more adequate worker training.

Then, in 1968 and 1969, a special AFDC eligibility review was conducted in New York City, using sample cases drawn from the entire caseload (a cross-sectional sample) rather than eligibility and payment determination decisions. This cross-sectional sampling method revealed a much larger ineligibility problem than had been indicated by studies based on case action sampling.

A new QC system went into effect in October 1970. It was designed to be more responsive to State needs. In addition to substituting cross-sectional sampling for case action sampling, it provided for 1) increased sample sizes for more precise data; 2) tolerance levels of 3 percent for ineligibility and 5 percent for overpayment and underpayment; 3) identification of specific error factors; 4) distinction between recipient error and agency error; 5) formalized federal monitoring; and 6) greater federal emphasis on data analysis as a basis for corrective action. Congress approved QC staff positions to substantially increase Central and Regional Office capability.

AFDC Quality Control Error Rates
1973 Base Period



* Errors are expressed as a percentage of total caseload

A number of States continued to have difficulty: QC units were understaffed, required sample sizes were not being completed, and reports were not being submitted.

In early 1973, 19 States did not have a fully operational QC system. Many of these were larger States. They accounted for more than half of the national expenditure. And so, in April 1973, new QC regulations were printed in the *Federal Register*. They tied QC rates for ineligibility and overpayment to fiscal incentives. Also, an intensive federal monitoring program was implemented.

For the first time in AFDC QC history, every State completed its required sample. Reports were in Washington by the December 1973 target date, as required by the regulations. With submission and Regional Office review of State corrective action plans developed to eliminate the causes of errors, the stage was set before the end of December for the major AFDC error reduction effort.

Under AFDC, State welfare agencies provide financial assistance to families in need who qualify under State and Federal laws and regulations. Who receives public assistance, and how much, is determined by:

State and Federal law and policy that establish and define eligibility groups.

Agency procedures that determine whether a person qualifies for an eligibility group; which needs are to be met and by how much money; which resources are to be considered and how they are to be measured in grant determination; how circumstance changes in regard to family eligibility, rent expenses, etc. are to be identified; and how all such information is to be submitted to and processed by the actual check-writing component of the agnecy.

Agency staff skill and accuracy in carrying out tasks. Involved here are such elements as understanding of manuals and instructions, training and work expereince, size of individual caseloads, distribution of staff within operating units, and organizational structure within the local agency.

Recipient understanding, accuracy, and timeliness in providing the agency with relevant information. This includes knowledge of requirements, willingness to share information, and ability to contact the agency about changing circumstances.

To insure that these elements produce an eligible caseload that receives the correct amount of money, the State agency operates a quality control system. The system is designed to identify error rates in eligibility and payment and to provide information to identify administrative action that will reduce these error rates.

A statistically reliable sample of cases (representative of the entire caseload) is reviewed. Once completed, the reviews are tabulated and analyzed, reflecting current caseload error rates. The review also reveals the types and the specific nature of the errors.

The findings are then used by key administrative staff in making administrative improvement changes. The changes may affect Federal and State policies, eligibility determination procedures, agency performance, and client reporting. Their effect on caseload error rates will be evaluated by subsequent samples. Thus, QC becomes an ongoing process, providing continuing data on error rates, identifying error types, and evaluating corrective actions.

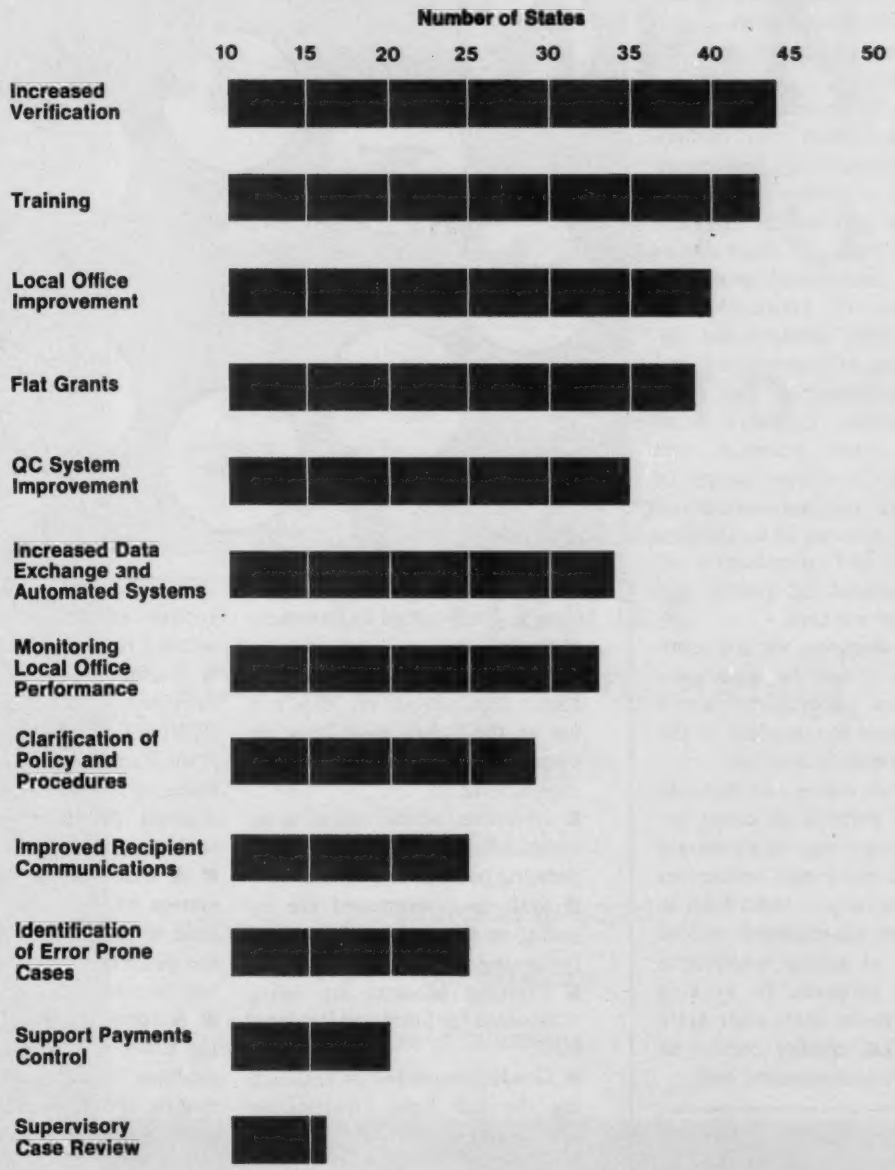
As a fully integrated system, QC becomes an administrative function of the welfare agency. The system's key components are depicted in the chart on page 22.

To ease State, Congressional, and public concern about QC's validity, an independent evaluation has been conducted by the Gallup Organization, Inc. It reports that the system is well suited for the purposes of its design: sample drawing techniques are sound, logical, and reliable.

Emphasis is now on vigorous corrective action. The April 1973 regulations established a 3-phase, 18-month framework for successive reduction of each State's AFDC error rates to no more than 3 percent for ineligibility and 5 percent for overpayment by no later than June 30, 1975. The same actions that correct a State's overpayment and ineligibility errors will automatically correct underpayments as well.

During each of three 6-month periods, each State is to achieve error rate reductions for ineligibility and for overpayment equaling one-third of the difference between the State's base period error rates and the uniform nationwide June 30,

Occurrence of Corrective Action Activities



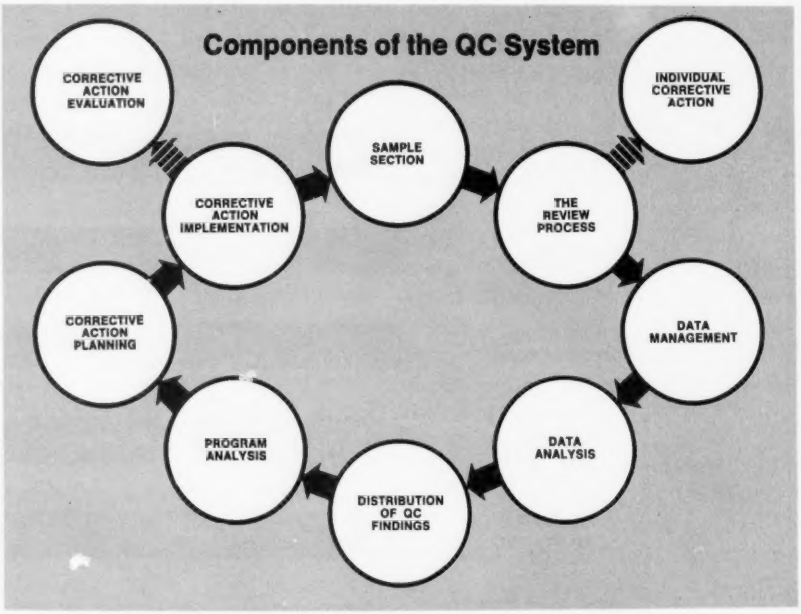
1975, target rates. Federal financial participation in a State's AFDC expenditures is correlated to its achieving each of its successive error reduction goals.

Now, with 15 months of the 18-month error reduction effort remaining, States are vigorously implementing a variety of corrective actions developed as part of the ongoing QC process. Page 21 chart shows those being undertaken most frequently relate to verification of eligibility factors; strengthened on-the-job training of caseworkers and supervisors; initiation of flat grant payment systems; improved local office staff levels, practices, and administration; increased usage of data exchange and automated systems; State monitoring of local office performance; and preparation of simplified manuals on policy and procedures for workers.

Here in Washington, we are confident that there will be significant error reduction progress to report when assessment is complete at the end of each 6-month interval.

The financial stakes are high. In addition, and perhaps of equal importance, stage-by-stage achievement of progressive error rate reductions can by degrees help to build faith in public program management and to stem erosion of public confidence in the AFDC program. In working toward these goals, State after State is finding AFDC quality control to be an effective management tool.

Mr. Schutzman heads the SRS nationwide effort in AFDC quality control.



How Is The Federal Government Helping?

- Several regulations that were found administratively impractical by the States have been revised in accordance with their suggestions.
- Intensive, onsite technical assistance has helped 12 states with pressing problems.
- Staff have been and are assisting in the area of flat grants budgeting.
- Training sessions are being conducted for State and Regional staff.
- Guide documents on conducting the full field investigation and on data analysis and corrective action have been forwarded to the States.
- Technical assistance has been provided to 25 States on the BENDEX system (Beneficiary Data Exchange, with the Social Security Administration). An additional 10 States will receive such assistance in 1974.
- A time-sharing data analysis system has been developed and field tested. SRS is currently in the process of installing the system in a number of States.
- A technical assistance clearing house is being developed to evaluate and disseminate information about particular types of corrective action.

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MEDICAID

LOCALIZA

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LOS PROBLEMAS DE SALUD

DE NIÑOS

EN FAMILIAS

DE ESCASOS INGRESOS

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Publications and Films

The Editors of the SOCIAL AND REHABILITATION RECORD regularly receive notification of the release of new publications and films of interest to readers.

Each issue of the RECORD will carry a selected list of these publications and films with brief discriptions of their contents.

Please address all inquiries and requests to the addresses given in this listing.

Medical and Psychological Aspects of Disability. A. Beatrix Cobb, Ph.D., Charles C. Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 365 pages. $13.75.

This book provides pertinent medical and psychological information relative to many chronic disabilities. The author has integrated and clarified medical and psychosocial problems of each disease entity presented in such a way as to develop a medical vocabulary and to describe the interaction of medical factors with psychosocial components of the same condition for rehabilitation counselors, nurses and other paraprofessional personnel, and for interested and concerned lay individuals.

Areas covered by the book include diseases of the heart, problems of the stroke patient, amputations and amputees, respiratory diseases, diseases of the kidney, and multiple dysfunctions called cerebral palsy.

Instructional Aids for Adaptive Physical Education, James F. Cowart. Alameda County School Dept., 224 W. Winton Ave., Hayward, Calif. 94544. 23 pages. $2.50.

As stated in the introduction, teachers of remedial physical education are confronted with a wide variety of physical problems in students. "At times, equipment or supplies are not available in the schools to specifically meet the needs of some of these students; however, with a little time, initiative, and creativity many items can be made inexpensively."

James Cowart, a teacher of remedial physical education in the Los Angeles City Schools for 7 years has compiled in this book a number of devices and techniques he developed and used repeatedly in his teaching.

Included in the book are drawings with brief explanations.

Drug Dependence and Rehabilitation Approaches. Richard E. Hardy and John G. Cull, editors. Charles C. Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 236 pages. $8.95.

This collection of writings by professionals in the field of rehabilitation of the drug abuser is practitioner-oriented. It offers useful theoretical information and practical "how-to-do-it" approaches in rehabilitation of the drug dependent person.

The book seeks to bridge the gap between academic material on the effects of drugs and practical information on how to deal with problems associated with drugs.

Recommendations for Financing Mental Health Care in the United States. American Hospital Association, 840 North Lake Shore Drive, Chicago, Ill. 26 pages. $1.25.

This booklet is a summary of the recommendations provided in the final report of the Association's Advisory Panel on Financing Mental Health Care.

Through a cost-sharing contract with the National Institute of Mental Health, the Association conducted a comprehensive study of arrangements for financing mental health services.

The 2½ year project comprised a review and evaluation of the types of financing currently provided by the Federal Government, State and local governments, private insurance and philanthropy, as well as a consideration of principles for coverage of mental health services under any future national health insurance program.

The panel has proposed financing approaches that it believes will encourage maximum utilization of public and private resources in meeting the needs for mental health care.

Crisis Intervention, Gerald A. Specter, Ph.D., and William L. Claiborn, Ph.D. Behavioral Publications, 72 Fifth Ave., New York, N.Y. 10011. 210 pages. $4.95.

The crisis intervention movement has grown considerably in the last few years with the advent of crisis centers and telephone hotlines. Because of its community orientation and experimental status, crisis intervention lacks a theoretical and analytical body of literature to unify, refine, and strengthen the movement.

This publication is designed to help fill that void. This collection of essays from the Second Annual Symposium in Community-Clinical Psychology held at the University of Maryland offers a wide range of topics and viewpoints, including the evolution of crisis intervention theory, clinical methods, guidelines for organization, suggestions for training, and ideas for further research.

Before Addiction: How To Help Youth, Florence Lieberman, D.S.W.; Phyllis Caroff, D.S.W.; and Mary Gottesfeld, D.S.W., Behavioral Publications, 72 Fifth Ave., New York, N.Y. 10011. 131 pages. $7.95.

Both drug addiction and drug related crime have received a great deal of attention. But little attention has been devoted to the youth who is not addicted and to the question of how to help him.

Before Addiction is addressed primarily to the concerned parent and professional, and is written in practical terms of the "parent dilemma" and "what every parent should know about drugs."

The authors have included a broad perspective of the social environment supporting drug use, a critique of treatment approaches, a discussion of the pivotal role of the family, and a detailed model for therapeutic intervention with adolescents and their families.

Fundamentals of Criminal Behavior and Correctional Systems. John G. Cull and Richard E. Hardy, editors. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 343 pages. $12.75.

Although the awareness of crime as an acute social problem has increased in recent years, there remain discrepancies between the objectives of penal reform and its manifestations of success. This compendium of educational writings attempts to lessen the gap in terms of providing essential information, suggestions, and alternate approaches to the present correctional systems.

The book presents an overview of correctional rehabilitation, in addition to descriptions of the individual in a correctional setting. The text should prove useful to the staffs of both correctional institutions and rehabilitation agencies, as well as being of interest to concerned college students.

Resocialization: An American Experiment. Daniel B. Kennedy, Ph.D., and August Kerber, Ph.D. Behavioral Publications, 2852 Broadway, Morningside Heights, New York, N.Y. 10025. 191 pages. $9.95 (hard cover); $4.95 (soft cover).

The attempted reintegration of alienated segments of American society is a problem facing many public and private institutions today. The authors, in dealing with this dilemma, place an emphasis on the word "attempted." According to their study, an atmosphere of failure prevails over the processes of socialization and resocialization. Described in the book are: the nature of these approaches, the "failure" of socialization, and the definition of resocialization in terms of compensatory education, criminal rehabilitation, and training for the hard-core unemployed.

In addition, the book comments on the use of counseling and psychotherapy in resocialization as well as presenting conclusions which the writers recognize as debatable. An extensive bibliography and index complete this critical analysis.

Introduction to Correctional Rehabilitation. Richard E. Hardy and John G. Cull, editors. Charles C Thomas, 301-327 East Lawrence Ave., Springfield Ill. 62703. 271 pages. $12.75.

The modern approach to theories of correction is recognized as seeking to replace the old, nonproductive concern for "retribution and retention" with a greater emphasis on rehabilitation and productive reintegration into society.

The various texts included in this book draw together a detailed view of this contemporary trend in correctional rehabilitation. Also covered are specific issues involved in the criminal rehabilitation process—work release programs, probation, correctional workers, counselors, and employment opportunities.

A closer look at the correctional system itself and at the persons caught in the correctional setting may be found in a companion volume entitled *Fundamentals of Criminal Behavior and Correctional Systems.*

Social and Rehabilitation Services For the Blind. Richard E. Hardy, Ed.D., and John G. Cull, Ph.D., editors. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 403 pages. $15.75.

A compilation of writings from professionals active in the field of rehabilitation, the text offers a wide range of information regarding detailed aspects of social and rehabilitation services for the blind. The comprehensive study is divided into four main sections covering: history and philosophy of work for the blind, blindness and its impact on the person and on society, rehabilitation services, and social and educational services.

The Critical Issues of Community Mental Health. Harry Gottesfeld, Ph.D., editor. Behavioral Publications, 2852 Broadway, Morningside Heights, New York, N.Y. 10025. 296 pages. $12.95.

The result of a study involving 800 New York area mental health workers, both professional and paraprofessional, this book defines six major ideological factors as the critical issues in the contemporary field of community mental health. The issues, exposed and elaborated upon by distinct arguments both pro and con, include: community context, radicalism, traditional psychotherapy, prevention, extending the definition of mental health, and role diffusion.

Films

Splash! 16 mm. Color. Sound. 20 min. Documentary Films, 3217 Trout Gulf Rd., Aptos, Calif. 95003. Sale, $220. Rental, $20.

This is a film about learning activities for the severely retarded and multiply handicapped person.

Basic motor skills are developed and muscles are strengthened through simple water activity. It shows how these activities can help teach dressing and other related self-help skills.

Two Years Or More. 16 mm. Color. Sound. 27 min. International Film Bureau, Inc., 332 South Michigan Ave., Chicago, Ill. 60604. Sale, $325. Rent, $17.50.

Designed for the layman, this film explains and shows the difference between the old penitentiaries which still exist and the more modern structures which provide better physical facilities and treatment for inmates, as well as programs designed to aid in their rehabilitation.

The film follows a typical prisoner through the routine of reception and incarceration, and also presents the problems he faces on release: society's reluctance to take him back, an employer's unwillingness to hire him, and his own disorientation toward the demands of daily life and work. This film poses the question of what society can do to remedy some of these situations, and asks whether or not prisons are the best solution to crime.

Blindness . . . It's No Big Deal. Black and white. 16 min. Stevenfeldt Educational Films, 4080 23rd St., San Francisco, Calif. 94114.

The ability of blind students to successfully participate in a regular public school environment is simply and clearly demonstrated in this film through the use of their own words and through the presentation of their behavior in both classroom and social situations. Also indicated are any minor adaptations required for the student to achieve academic satisfaction.

Filmed in Berkeley California public schools, this educational semidocumentary fully depicts the interactions between the visually handicapped student and other students, teachers, and administrators.

Hitch. Color. Sound. 30 min. Mental Health Film Board, 8 East 93rd St., New York, N.Y. 10028. Sale, $650, Rent, $60.

This is a documentary of black ghetto life. It is a good medium to introduce this life style to the white, middle-class professional worker.

Filmed in Harlem, the story line exposes Hitch, a Southern black teenager, to the excitement and the danger of the ghetto.

An Introduction to Behavioral Counseling. 16 mm. Color. 26 min. Sale, $285. Rental, $20. *A Behavioral Counseling Seminar.* 16 mm. Color. 21 min. Sale, $225. Rental, $20. *Adding a Visual Dimension to Counseling.* 16 mm. Color. 24 min. Sale, $265. Rental, $20. American Personnel and Guidance Association, Film Dept., 1607 New Hampshire Ave., N.W., Washington, D.C. 20009, and California Personnel and Guidance Association, Film Dept., 654 East Commonwealth Ave., Fullerton, Calif. 92631.

The first film introduces the viewer to several major goals and techniques of behavioral counseling. Actual problem-solving situations and interviews, involving counselor, client, parents, and teachers, are included as ways to illustrate behavior modification procedures.

A graduate seminar session exploring aspects of behavioral counseling is presented in the second film. The topics covered include: counseling goals, the counseling relationship, client freedom, methods and applications, and evaluation of counseling techniques.

The third counseling film demonstrates the use of visuals by clients, as a means of strengthening self-awareness.

SRS Strengthens Staff Offices

THOMAS BRUBECK

A reorganization of staff offices is underway in the Social and Rehabilitation Service reflecting the increased emphasis on obtaining better results through improved management. It is the largest regrouping of staff offices since SRS was first established in October 1967. This change, however, does not alter the structure of the four SRS Administrations except to return rehabilitation R&D functions to the Rehabilitation Services Administration.

SRS Administrator James S. Dwight, Jr., told HEW Secretary Caspar W. Weinberger that the intention of the changes is to streamline and strengthen the agency. The Secretary approved the plan on January 11, 1974.

A key feature of the plan is the reduced span of control achieved by establishing four staff offices headed by associate administrators:

- Policy Control and Coordination
- Information Systems
- Planning, Research, and Evaluation
- Management

The Office of Field Operations (OFO), formerly a line office, now serves in an advisory capacity to the Administrator. The 10 Regional Commissioners report directly to the Administrator. However, OFO has a Division of Regional Implementation, which provides technical assistance for developing program activities and work planning systems and performs certain liaison functions, and a Division of Administrative Management, which is responsible for technical management matters relating to Regional Offices.

The Office of the *Associate Administrator for Policy Control and Coordination* initiates agencywide policy and resolves policy issues. This office is new. It is composed of an expanded Executive Secretariat, the Office of Public Affairs, and a new Office of Policy Control.

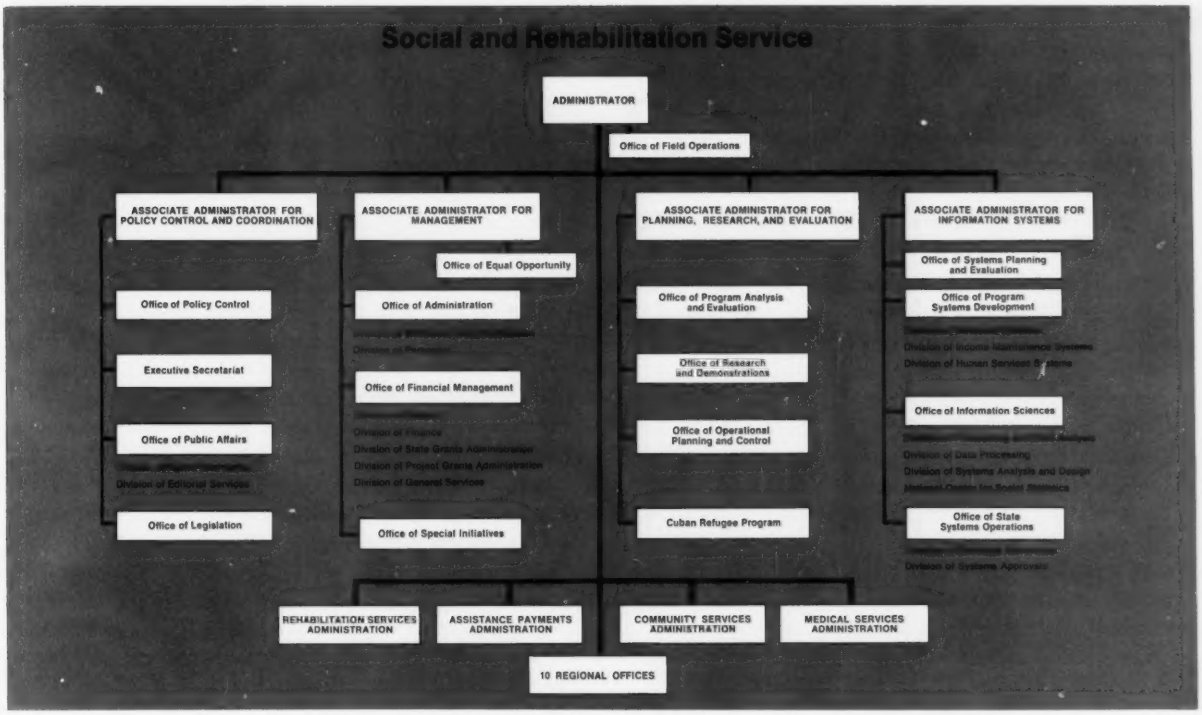
Administrator Dwight believes that through this arrangement the work of developing policy, responding to inquiries from the Congress and the White House, handling media requirements, and putting together legislative proposals will all be done as parts of one cohesive operation, rather than in isolation. "These activities relate to one another," says Dwight, "and SRS should speak with one voice."

The Office of Public Affairs has three basic components. The Division of Public Information is responsible for media information materials, including audiovisual, and is liaison with program information sources throughout SRS. The Division of Editorial Services publishes the agency's monthly magazine (THE SOCIAL AND REHABILITATION RECORD), its internal SRS Newsletter, and all other nonadministrative books and pamphlets, and shepherds the agency's annual reports to the Congress. In the immediate office of the Assistant Administrator for Public Affairs, an Office of Planning and Evaluation handles administration, planning, and public events.

The Office of Policy Control coordinates the preparation of major policy issuances, codifies existing policy, and coordinates the issuance of program regulations and guidelines. This office is the contact point between SRS and other agencies elsewhere in HEW and the Federal Government in matters relating to SRS guidelines and regulations.

The Executive Secretariat is liason with other agencies in HEW and the Federal Government on all matters *except* SRS guidelines and regulations. This office also has the public inquiries function; it prepares answers for nearly all the mail concerning the work of this agency.

The Office of Legislation coordinates legislative affairs for SRS, including the development of new legislation, testimony, and congressional reports. The office coordinates congressional relations for the Administrator and other staff members


Social and Rehabilitation Service
ADMINISTRATOR
Office of Field Operations
ASSOCIATE ADMINISTRATOR FOR POLICY CONTROL AND COORDINATION
ASSOCIATE ADMINISTRATOR FOR MANAGEMENT
ASSOCIATE ADMINISTRATOR FOR PLANNING, RESEARCH, AND EVALUATION
ASSOCIATE ADMINISTRATOR FOR INFORMATION SYSTEMS
Office of Policy Control
Executive Secretariat
Office of Public Affairs
Division of Editorial Services
Office of Legislation
Office of Equal Opportunity
Office of Administration
Office of Financial Management
Division of Finance
Division of State Grants Administration
Division of Project Grants Administration
Division of General Services
Office of Special Initiatives
Office of Program Analysis and Evaluation
Office of Research and Demonstrations
Office of Operational Planning and Control
Cuban Refugee Program
Office of Systems Planning and Evaluation
Office of Program Systems Development
Division of Human Services Systems
Office of Information Sciences
Division of Data Processing
Division of Systems Analysis and Design
Office of State Systems Operations
Division of Systems Approvals
REHABILITATION SERVICES ADMINISTRATION
ASSISTANCE PAYMENTS ADMINISTRATION
COMMUNITY SERVICES ADMINISTRATION
MEDICAL SERVICES ADMINISTRATION
10 REGIONAL OFFICES

and can furnish technical assistance to Committees of the Congress. It also maintains contact with various public and private organizations regarding pending bills and proposals in the SRS area of responsibility.

The Office of the *Associate Administrator for Information Systems* is a new function designed to be a major aid toward achieving better internal agency management. It is responsible for statistical analysis, forecasting, systems analysis, systems design, data reporting, reporting requirements, data processing, and management information systems.

The Office of Systems Planning and Evaluation advises the Associate Administrator in the planning of SRS management information systems, assigns priorities to systems development activities, and is concerned with unified systems development for long-range planning and evaluation of management systems.

The Office of Program Systems Development maintains liaison with SRS bureaus and staff offices developing automated and non-automated systems for the management of the agency's medical services, assistance payments, community services, and rehabilitation services programs. To accomplish this, the office has three Divisions: Medicaid Systems, Income Maintenance Systems, and Human Services Systems.

The Office of Information Sciences is concerned with management information handling processes, data processing, and statistical activities. This office has four components: a Division of Forecasting and Data Analysis, which uses a computer simulation model system to project client populations and costs over a period of years; a Division of Data Processing, which provides technical services for automated data processing and implements information systems in support of management requirements; a Division of Systems Analysis and Design, which is the main source for analysis and design of

information systems in SRS programs; and the National Center for Social Statistics, which compiles and publishes statistical data reported to SRS and provides staff coordination for all mathematical and statistical activities in SRS.

The Office of State Systems Operation is the main systems coordinating point, with particular attention being paid to State Management Information Systems (MIS) that support SRS programs. The Division of Technical Assistance develops profiles for each State describing its MIS, level of systems development and operations progress, and the different influences on these activities within the State. The Division of Systems Approvals reviews applications from States for financial help to purchase ADP equipment or fund the design of automated information systems in support of SRS programs.

The Office of the *Associate Administrator for Planning, Research, and Evaluation* coordinates program analysis, long-range program planning and evaluation, research and demonstration, and operational planning. In addition, the office includes the Cuban Refugee Program.

The Office of Program Analysis and Evaluation is concerned with evaluating all SRS programs and with assigning R&D priorities. It coordinates program units in matters pertaining to program analysis and evaluation. In regard to the development of long-range programs, the office directs studies of program objectives and accomplishments, comparing benefits and costs of alternative programs, and explores future needs.

The Office of Research and Demonstrations manages the R&D process, including SRS participating in international research activities. (Research dealing with the rehabilitation of the disabled is to become a function of the Rehabilitation Services Administration.) An extension of the basic responsibilities of this office is the use of the knowledge gained through research to improve service delivery at the local, operating level.

The Office of Operational Planning and Control provides direction to all elements of the Central and Regional Offices in translating priorities into attainable goals, developing methods to help attain goals, assuring that resources are deployed to achieve objectives, and evaluating the results.

The Cuban Refugee Program includes financial assistance, resettlement services, emergency health services, assistance to public schools in impacted areas, loans to refugee students, and protective care for expatriate minors. These programs are carried out through the Federal Cuban Refugee Center, voluntary agencies, and a variety of cooperating government agencies.

The Office of *Associate Administrator for Management* directs the work of administrative, budgeting, and financial management staffs. In addition, a new Office of Special Initiatives is charged with pursuit of the twin objectives of quality control and utilization review for the improvement of the administration of public assistance at all levels of government.

The Office of Administration coordinates management functions and provides centralized support services such as personnel management, manpower utilization, and organization. There are two components: a Division of Manpower and Organization, which acts as a consultative arm in the application of management techniques and conducts major reviews of the organization, and a Division of Personnel, which directs the personnel management and administration program of SRS, including job classification, recruitment, training, and employee-management relations.

The Office of Financial Management provides overall financial management for SRS programs and general services support. It provides guidance on budget policies, accounting and auditing policies, grants administration, and general services. Its components include five Divisions: Budget, Finance, State Grants Administration, Project Grants Administration, and General Services.

The Office of Equal Opportunity administers the program to insure equal and fair treatment for all employees and serves as advocate of minority concerns.

The full description of the SRS reorganization appears in Volume 39, No. 11 of the FEDERAL REGISTER, published on January 16, 1974 (or 39-FR 2024 of January 16, 1974, amends the previous 34-FR 1279 of January 25, 1969). The details of the reorganization serve to fill out the general concept of improved management which has been voiced by the HEW leadership for the past year.

Research and Demonstrations

In some instances recent project reports can be obtained from the grantee (addresses given below). When the report is not available from the grantee, it may be purchased from the National Technical Information Service, Springfield, Virginia 22151. Remittances should accompany orders; prices are $3 for hard cover and $.95 for microfiche copies.

REENTRY INTO COMMUNITY OPPORTUNITIES, VOCATIONS, EDUCATION AND RECREATION (RECOVER). (RD 55329) Comprehensive Mental Health Center of Tacoma-Pierce County, 1419 S. Yakima Ave., Tacoma, Wash. 98405. 109 pages.

BIOENGINEERING DESIGN AND DEVELOPMENT OF LOWER EXTREMITY ORTHOTIC DEVICES. (RD 55029) Institute of Rehabilitation Medicine, New York University Medical Center, 400 E. 34th St., New York, N.Y. 10016. 131 pages.

PROFESSIONAL AND CLIENT VIEWPOINTS ON REHABILITATION ISSUES. (RD 55183) Schwab Rehabilitation Hospital, 1401 S. California Blvd., Chicago, Ill. 60608. 159 pages.

MRC'S JOB PLACEMENT INNOVATION. (RD 55014) Massachusetts Rehabilitation Commission, Research Unit, 304 Boylston St., Boston, Mass. 02116. 93 pages.

RESEARCH AND DEMONSTRATION PILOT PROJECT ON REHABILITATION OF DEAF PERSONS IN ISRAEL. (Israel 24-65) Abraham Reich, Director, The Association of the Deaf and Mute in Israel, Tel Aviv, Israel, 138 pages.

THE SELECTION OF STUDENTS FOR ORTHOTIC-PROSTHETIC EDUCATIONAL PROGRAMS. (RD 55262) Attending Staff Association of Rancho Los Amigos Hospital, Inc., 12826 Hawthorn St., Downey, Calif. 90242. 67 pages.

REHABILITATION PLANNING—HARVARD. (RD 55705) Harvard Medical School, Boston, Mass. 02115. 50 pages.

DEVELOPMENT OF A MODEL INFORMATION AND DEMONSTRATION SITE FOR THE REMOVAL OF ARCHITECTURAL BARRIERS. (RD 55227) East Central State College, Ada, Okla. 74820. 35 pages.

DEVELOPMENT AND DEMONSTRATION OF COMMUNICATION SYSTEMS FOR THE BLIND AND DEAF/BLIND. (RD 55016) Sensory Aids Evaluation and Development Center, Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139. 86 pages.

ACCELERATING SERVICES IN THE GHETTO AREAS. (RD 55176) Illinois Division of Vocational Rehabilitation, 623 East Adams St., Springfield, Ill. 62706. 71 pages.

The following reports on research in education may be ordered from ERIC Documentation Reproduction Service, Post Office Drawer O, Bethesda, Md. 20014. Microfiche (MF) copies are $.65 each. Hard copies (HC) are $3.29 each for reports of 1 to 100 pages; $6.58 each for reports of 101 to 200 pages; $9.87 for reports of 201 to 300 pages; and $3.29 for each additional 100 pages or portion thereof. Order by accession number (in parentheses) and make checks payable to EDRS. Official institution, State and Federal Government, and company purchase orders are accepted.

(ED076252) Day Care and Child Development Council of America, Inc., Wash., D.C. 10 pages.

ORGANIZING TO COORDINATE CHILD CARE SERVICES. (WITH AN APPENDIX) THE GREATER MINNEAPOLIS DAY CARE ASSOCIATION: EARLY HISTORY. (ED076254) Day Care and Child Development Council of America, Inc., Wash., D.C. 128 pages.

A DEVELOPMENTAL STUDY OF VISUAL AND AUDITORY SHORT-TERM MEMORY. (ED076258) Pittsburgh Univ., Pa. Dept. of Psychology. 24 pages.

DRUGS IN OUR SCHOOLS: HEARINGS BEFORE THE SELECT COMMITTEE ON CRIME, HOUSE OF REPRESENTATIVES, NINETY-SECOND CONGRESS, SECOND SESSION: CHICAGO, ILL. (ED075759) Congress of the U.S., Wash., D.C., House Select Committee on Crime, 308 pages.

EARLY CHILDHOOD PLANNING IN THE STATES: A HANDBOOK FOR GATHERING DATA AND ASSESSING NEEDS. (ED076227) Education Commission of the States, Denver, Colo. 51 pages.

USE OF COUNSELOR DISCRIMINATIVE STIMULI AS AN INTERVENTION IN EFFECTING CHANGE IN CLIENT OUTCOME. (ED075732) Purdue University, Lafayette, Ind. 16 pages.

CORRECTIVE TEACHING: A GUIDE FOR TEACHERS OF THE HANDICAPPED. (ED075961) Iowa State Dept. of Public Instruction, Des Moines; Iowa Univ., Iowa City. Special Education Curriculum Development Center. 78 pages.

THE EDUCABLE MENTALLY RETARDED CHILD: CURRENT ISSUES AND TEACHER ATTITUDES. (ED 075972) Yeshiva Univ., New York, N.Y. Curriculum Research and Development Center in Mental Retardation. 24 pages.

A SUMMARY OF MAJOR LEGISLATION PASSED IN 1972 RELATING TO THE EDUCATION OF HANDICAPPED CHILDREN. (ED075987) Education Commission of the States, Denver, Colo. Handicapped Children's Education Project. 37 pages.

THE DAY CARE ENVIRONMENTAL INVENTORY. ASSESSMENT OF CHILD-REARING ENVIRONMENTS: AN ECOLOGICAL APPROACH. PART 1 OF FINAL REPORT. (ED076228) Pacific Oaks College, Pasadena, Calif. 61 pages.

WHO THRIVES IN GROUP DAY CARE? ASSESSMENT OF CHILD-REARING ENVIRONMENTS: AN ECOLOGICAL APPROACH. PART 2 OF FINAL REPORT. Pacific Oaks College, Pasadena, Calif. 132 pages.

A LANGUAGE PROGRAM FOR THE NONLANGUAGE CHILD. (ED076232) 240 pages.

THE STUDY OF SELF CONCEPT IN YOUNG CHILDREN: AN ANNOTATED BIBLIOGRAPHY. (ED076247) California Univ., Los Angeles. Early Childhood Research Center. 88 pages.

FAMILY INVOLVEMENT-COMMUNICATION SYSTEM(FICS); FICS: AN EXPANDED VIEW OF COUNSELOR CONSULTATION; NATIVE AMERICAN FAMILY INVOLVEMENT-COMMUNICATION SYSTEM (NAFICS) (a series) (ED075750) Oklahoma State University, Stillwater, College of Education. 34 pages.

Medicaid Management

This is a status report about a program, a problem, and a new kind of federal approach to solving that problem.

The program is Medicaid. The problem is management control. The solution we have fashioned—under the aegis of the Medical Services Administration (MSA) of SRS—is the Medicaid Management Information System (MMIS).

Although the story is unfinished, we believe that for several reasons it should be reported on at this stage in its history.

The first reason is simply that the program is too big, too important, and too much a matter of concern to permit it to remain obscure.

The second is that making MMIS work is a matter of cooperation—not imposition. The more we tell about how we arrived at our solution and what its intended benefits are, the more likely that cooperation will be forthcoming.

Program administration is under State control. The many options available result in varied State programs. Consequently, there is not one Medicaid program, but 53. Likewise, there is no single way of setting reimbursement rates, paying bills, or checking eligibility and utilization.

Medicaid started in 1966, with six States participating. Today, 49 States and four other jurisdictions and territories participate in the program. Combined Federal-State expenditures for medical assistance were $1.7 billion in 1966—the comparable outlay for FY 1972 was $7.6 billion.

The existence of management control problems were not surprising in a program that grew so rapidly and was administered in such a variety of ways. But the fact that difficulties were anticipated and did indeed occur was obviously not a cause for satisfaction. Congress studied the situation and expressed concern over rapidly rising costs. Consequently the Task Force on Medicaid and Related Programs was formed. Of its several recommendations, the one most pertinent to our report led to the establishment of a Management Systems Division in MSA. In turn, the division is responsible for MMIS.

Established in the summer of 1970, Division officials examined existing records of hearings and studies and, subsequently, visited representative States for onsite problem examination. Problem definition resulted.

A narrowing down process of problem areas ensued. The status and priority assignments of medical assistance units within the welfare or single State agency structures which administered Medicaid were found to be inadequate, *e.g.*, even though Medicaid programs represented very large proportions of States' total welfare budgets, the unit organization did not reflect this fact. Staffing was inadequate, considerably fragmenting Medicaid operations.

In many States, all claims processing operations (and various other operations, such as utilization review, report generation, and relations with providers and recipients) were the responsibility of contractor fiscal agents. But whether these operations were being carried out by contractors or by agency staffs, very little information required for planning control and for utilization review was reaching the State agency concerned.

Moreover, a number of specific problems occurred in the claims processing operations. For example, turnaround time for the payment of claims ranged from 30 days to a year. Addition and subtraction of eligible persons was slow, a principal cause of a large number of duplicate payments. The existing processes frequently contained no safeguards assuring proper and reasonable payment to qualified providers for service given to eligible recipients.

This account of major and widespread difficulties is not intended as an indictment. These were symptoms of a malaise that arose from the nature and structure of the program from the outset when the States moved very quickly to provide services and thus to qualify for needed

nt Information System

RICHARD C. GODMERE

federal financial participation.

Another factor that led to problems was a lack of a comprehensive information base to support the many necessary administrative functions.

Although each State had its problems that were duplicated to a greater or lesser degree in other States, certain difficulties appeared only when the whole picture was viewed from the federal vantage point. First, there was a lack of uniformity in the organization of the various administering units. Some States computerized management functions; some didn't. When computers and other devices were used, there was no uniformity in their functions or in kinds and sizes used.

In matters of substance, Title XIX lays down minimum program requirements but the States can—and in many instances did—add services that they believe are necessary and for which federal financial participation is available. This, of course, results in a lack of uniformity regarding program scope and coverage.

Finally, there were variations among the States in size, extent, and depth of systems information bases.

In summary, then, MSA officials needed to solve these problems. The answers, however, were not altogether clear. A federally ordained, single management system was neither possible nor desirable since management decisions rested with the States. Technical assistance seemed to be the answer. But how would this be done?

The chosen approach led to the Medicaid Management Information System, a model general system that is adoptable in whole or in part by all States and jurisdictions. It has easily adaptable features for the special needs of any jurisdiction. Basic design and development of the model general system was to be carried out by the Management Information and Payment System (MIPS) Division.

After having designed the system, the federal agency would then limit its role to providing technical assistance to the States in their adoption (and adaptation) of the system to their individual needs. At the State level, the process could be carried in whatever fashion the State elected—by its agencies and/or by contractors.

The option chosen would, it was calculated, produce maximum results in minimum time and with minimum resources. The general strategy was that the MIPS would operate within the framework of MSA in a fashion that would be analogous to the product management concept in use in the private sector; it would develop the system, test it in a single State, promote it, and provide technical assistance for its installation.

In the actual system design, we sought State concurrence, and we worked with them since they would be the ultimate users of the system.

The planned design would be modular to insure maximum transferability. That is, States not planning to install the general system at once (or not planning to use the whole system) could install segments of it, according to their needs and requirements.

Finally, we determined to develop our model system at the level of general design and follow the delivery of this general design with the delivery of aids for the use of the system and its reports.

The heart of the MMIS is the *claim*, that point where the interests of all the "players" intersect. At this "intersection" the provider submits a claim to the State agency or its fiscal agent for services to a recipient. There then exists a provider file with pertinent information, a recipient file with similar information, and an adjudicated claims file with specific information about services.

If information was desirable at the federal level, we decided it would be equally desirable at the State level where management controls would be implemented.

The design approach, therefore, was from the "top down." What management needed by way of information would govern what would be collected as the data base, rather than having whatever found its way

into the data base serve as the definition of what management would get.

Since our single study had indicated a range of common problems that had emerged in all the jurisdictions over the 6 years the program had been in operation, we believed that our system must be designed to provide answers for all these common problems. Of course, we did not rule out problem resolution by other means when this seemed more efficient.

The system's simplicity, efficiency, and transferability were paramount considerations. It would be modular.

The federal effort was divided into two phases. In the first we would analyze the requirements of the system, determine its design specifications, and provide full program documentation before introducing it.

The States, in turn, would be responsible for the detailed system design and programing, as required by their individual needs. The cost for carrying out this work could be substantially reduced to that of transfer of the systems design documentation in programs established in the previously mentioned "pilot" State. In fact, States are now planning a cost sharing effort in transferring a "prototype" MMIS for subsequent refinement to their Medicaid requirements.

In the second phase we would provide technical assistance to project management. Specifically, we would provide project planning assistance, help with contracts, help in selection of contractors (where the State preferred this to using its own personnel or equipment), project management assistance during the work phase, and assistance in evaluation of the project.

Within this general framework, the MMIS was designed to include six working areas or subsystems. These are the subsystems: recipient; provider; claims processing; reference file; surveillance and utilization review; and management and administrative reporting.

The first four work as an integrated unit which has the overall objective of processing and paying each eligible provider for every valid claim for a service provided to every eligible recipient. The other two are concerned with the consolidation of provided data, its organization, and its presentation in a useful format.

One further point worth making before describing the intended benefits of the subsystem in more detail has to do with the modular concept that has already been mentioned. The use of most of the modules is dependent, to some extent, on the use of others—or at least on having available the kind of information produced by them and in a compatible format with the intended module.

For example, suppose a State finds that the surveillance and utilization review subsystem is ideally suited to solve its particular problems. In order to use it, however, the agency must have the data base to support a review system of this type. Unless that data base were available in some other fashion, the agency would find it not only desirable but necessary to adopt the recipient, provider, claims processing, and reference file subsystems to provide the data that the surveillance and utilization review subsystem would most likely need.

These first four subsystems were designed to provide certain benefits to users. The benefits follow:

Provider subsystem. computer control over provider application, approval, and recertification activities; recommended usage of unique provider numbers having a self-checking capability; provision for dealing with providers who furnish more than one category of service; automated process for handling provider credit balances; creation of an extensive provider data base to support claims processing, management reporting, and surveillance and utilization review; provision for handling multiple periods of provider ineligibility; and automated notification system for provider acceptance and rejection.

Recipient subsystem. computer control over all transactions concerning recipient eligibility; capacity for timely updating of eligibility files; provision for dealing with recipients having intermittent period of ineligibility; provision for issuance of monthly identification cards for identification of recipients who are eligible for services; provision for periodic matching and balancing of Medicaid eligibility files against master social services files to insure integrity of all recipient records; computer control over processes involving Medicare "buy-in" provisions; and creation of an extensive recipient data base to support claims processing, management reporting, and surveillance and utilization review.

Claims processing subsystem. capacity to identify the status of a

claim from the time it enters the system until it is paid or denied; claim validation processing that includes duplicate claim analysis, identification of suspected third party involvement, checks for recipient overutilization, edits for reasonableness of service provided, and verification of reasonable charges; a single pass through the validation and verification routine gives the capability to check, to the extent possible, for all error conditions; control measures that insure prompt attention to the correction of claims that have been suspended for error conditions, and correction of these conditions.

Further, this subsystem would also provide the following benefits: automatic notification to a provider of the current status of any claim that is suspended; facility to print an Explanation of Medical Benefits for a sample of or for all recipients who are receiving services; automated responses to provider requests for recipient information of a nonconfidential nature; and flexibility in the method of determining payment for each type of provider.

These are operations subsystems having to do mainly with the business of keeping the program going smoothly within the rules which govern it. The other two subsystems are more evaluative, providing the following:

The surveillance and utilization review subsystem. development of a comprehensive profile of health care being provided through the Medicaid program; identification of potential defects in the quality of service and level of care provided; provision for classifying providers into homogeneous groups to perform exception processing; development of individual provider and recipient profiles; determination of norms of care for homogeneous provider and recipient groups; an extensive exception processing capability that will automatically identify potential cases of provider or recipient misutilization; identification of potential provider or recipient fraud; facility to substantiate all exceptions with supporting detail, when required; a high degree of flexibility with respect to the selection of the content of individual reports; extensive compilation and maintenance of data on trends; and availability of frequency distributions and standard deviations to facilitate statistical analysis of norms of care.

The management and administrative reporting subsystem. reports designed to meet specific requirements for each level of management responsible for Medicaid operations; extensive use in reports of data on trends, historical data, indices, and data projections; reports specifically formulated to support the decisionmaking process for the Medicaid program; financial management reports to analyze expenditures, exercise budget control, and support fiscal planning; provider performance reports to assess provider participation, identify claim filing delays and filing errors, and to measure effectiveness of third party recoveries; recipient participation reports to review processing throughput rates and to analyze the nature and magnitude of processing errors; and establishment of the data base necessary to satisfy federal reporting requirements.

The general highlights to our building our model system, then, include emphasis on a high degree of automation, a modular systems design approach to make the system more adaptable and easier to implement in differing situations, the inclusion of clerical processing steps needed for the support of computer processing, early establishment of control over all transactions, provision for furnishing complete audit trails for all transactions, the flexibility needed to meet changing requirements and innovations in the delivery of health care services, sufficient flexibility to meet the needs of all and the capability for phasing in the system.

To help States with the process of adoption, we have designed a set of the "tools" for that purpose. They are *General Systems Design; Detailed Systems Design; State Systems Surveys; Installation Guide; Provider Handbooks; Medicaid Operations Notes; Surveillance and Utilization Review Operational Techniques; Management and Administrative Reporting Techniques; Medicaid Management Information System Impact Projection Study; Model Training Program; Early and Periodic Screening, Diagnosis, and Treatment General Design; and Clerical Procedures.*

Mr. Godmere was formerly Director, Management Systems Division, MSA. Currently, he is developing systems requirements for PSROs with the Bureau of Quality Assurance, Health Services Administration.

Career Opportunities

SPEECH AND HEARING THERAPIST I. BS degree with course in speech correction, speech pathology, speech therapy, communicative disorders, child development (with a minimum of 6 semester hrs. of special education), or deaf education/education of hearing impaired. $8,957-11,128. Write: State Personnel Dept., 404-A State Administrative Building, Montgomery, Ala. 36104

SPEECH AND HEARING THERAPIST II. Master's degree with course work in speech correction, speech pathology, speech therapy. Experience in the respective skill areas. $10,387—12,766. Write: State Personnel Dept., 404-A State Administrative Building, Montgomery, Ala. 36104

HEALTH SERVICES ADMINISTRATOR I. Bachelor's degree plus 3 yrs experience in an agency providing or supervising the provision of medical or health services to individuals. Relevant experience above the minimum may be substituted for the required college training on a basis of 2 yrs. experience for 1 yr. of college. $10,387—12,766. Write: State Personnel Dept., 404-A State Administrative Building, Montgomery, Ala. 36104

HEALTH SERVICES ADMINISTRATOR II. BS degree with course work in public administration, hospital administration, public health administration, or one of the medical sciences, plus 5 yrs experience. Relevant experience above the minimum may be substituted for the required college training on a basis of 2 yrs. experience for 1 yr. of college. $11,856-15,158. Write: State Personnel Dept., 404-A State Administrative Bldg., Montgomery, Ala. 36104

MEDICAL SOCIAL WORKER II. Master's degree plus 4 yrs. progressively responsible experience in the field of social work including responsible experience in an approved program involving public health and medical social work. $12,246—15,834. Write: State Personnel Dept., 404-A State Administrative Bldg., Montgomery, Ala. 36104

DRUG ABUSE PROGRAM SPECIALIST. Master's degree with 5 yrs. experience in related field. Equivalent experience may be substituted for the educational requirements on a year-for-year basis. $226.40—275.10/per wk. Write: Maine State Dept. of Personnel, Augusta, Maine 04330

DIRECTOR. Office of Alcohol and Drug Abuse. Master's degree in one area of the human services discipline preferred, and 7 yrs. of experience. $237.70—289.00/wk. Write: Maine State Dept. of Personnel, Augusta, Maine 04330

MEDICAL FACILITIES PLANNER I. BS degree including or supplemented by courses in hospital, business or public administration, or any equivalent combination of training and experience, provided that no substitution of experience be made for the required 2 yrs. of college. $8,606—10,751. Write: State Personnel Dept., 404-A State Administrative Bldg., Montgomery, Ala. 36104

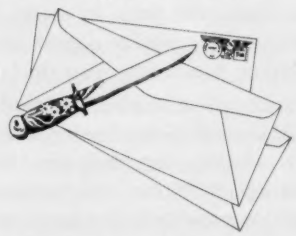
PATIENT PLACEMENT WORKER II. H.S. graduate plus 3 yrs. responsible experience in working with people having behavior problems in an institutional setting. $6,591—8,606. Write: State Personnel Dept., 404-A State Administrative Bldg., Montgomery, Ala. 36104

Mail your agency's classified listings to Editor, SOCIAL AND REHABILITATION RECORD, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or nongovernmental listings accepted. There is no charge or fee of any kind for this service.

CHILD WELFARE SUPERVISOR. Bachelor's degree supplemented by successful completion of at least 1 yr. of graduate study in a school of social work and 3 yrs. experience in professional social work, including 1 yr. of experience in the field of child welfare. $11,856—15,158. Write: State Personnel Dept., 404-A State Administrative Bldg., Montgomery, Ala. 36104

CASE WORK SUPERVISOR. Bachelor's degree plus one semester of graduate study in a school of social work accredited by the Council on Social Work Education, plus 2½ yrs. of social work experience in a public or private social agency. (An additional semester of graduate study may be substituted for 1 yr. of the required experience.) $10,751—13,312. Write: State Personnel Dept., 404-A State Administrative Bldg., Montgomery, Ala. 36104

ASSISTANT ACCOUNTANT. Associate degree in accounting, bookkeeping, or business studies and 1 year of bookkeeping experience; or graduation from HS or GED certificate, including coursework in bookkeeping, and 3 years of experience; or an equivalent combination of training and experience. $7,353—9,869. Write: State Personnel Office, 1228 N. Scott Street, Wilmington, Del. 19806.



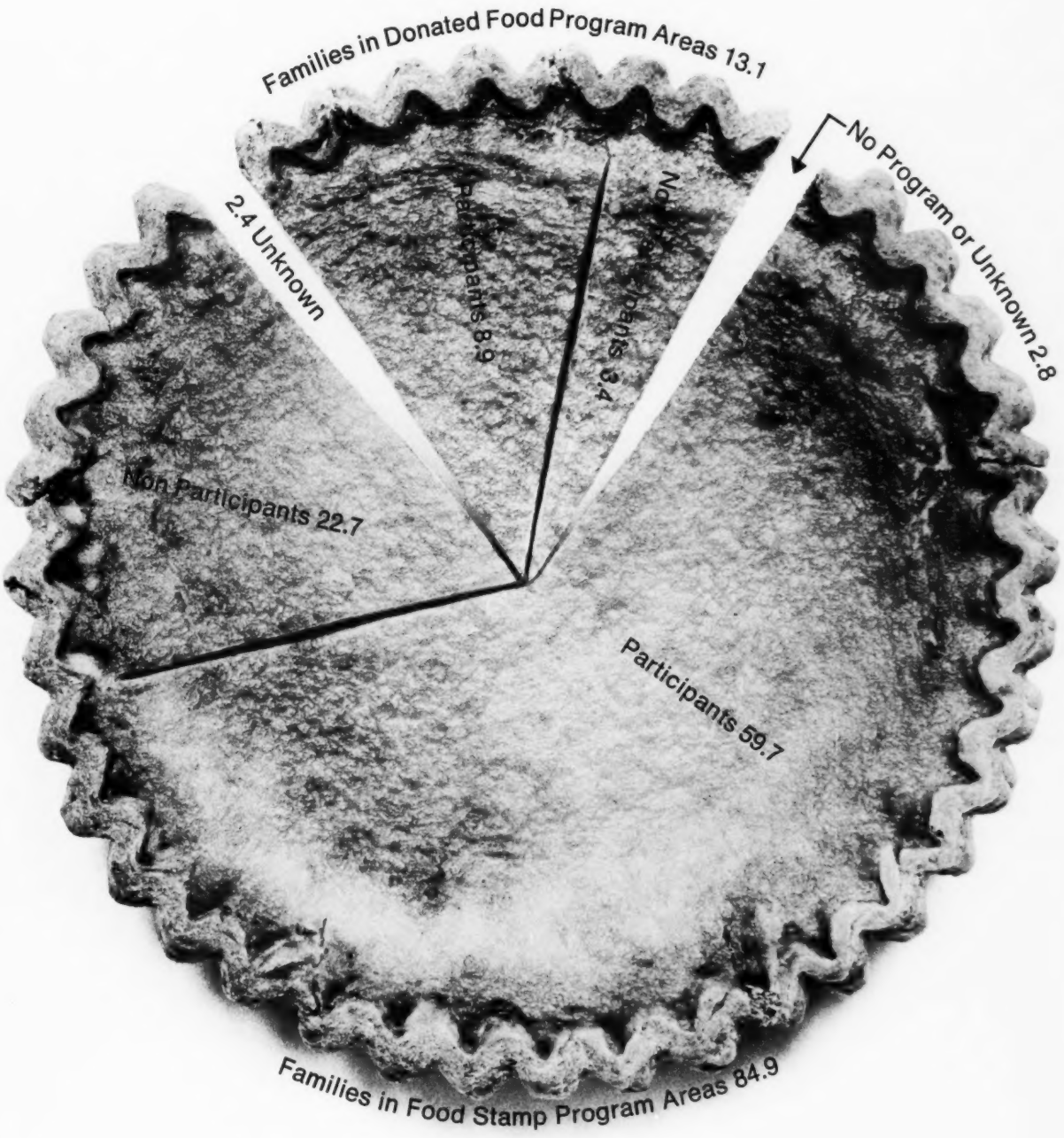
ADMINISTRATIVE ASSISTANT I. Associate degree in a field related to the position and 2 years of experience in administrative work, or an equivalent combination of training and experience. $6,992—9,404. Write: State Personnel Office 1228 N. Scott Street, Wilmington, Del. 19806.

ADMINISTRATIVE ASSISTANT II. Associate degree in a field related to the position and 3 years of experience in administrative work or work in the subject field; or an equivalent combination of training and experience. Write: State Personnel Office, 1228 N. Scott Street, Wilmington, Del. 19806.

NEIGHBORHOOD WORKER III. Bachelors degree on a social or behavioral science or closely related field plus 2 years of experience in community work or social work; or successful completion of 60 credit hrs of college level coursework; preferably in the humanities, nursing, education, or behavioral sciences; and 4 years of experience. $8,543—12,096. Write: State Personnel Office, 1228 N. Scott Street, Wilmington, Del. 19806.

EMPLOYMENT INTERVIEWER TRAINEE. Two years of progressively responsible experience as a public service worker, training NCO in the armed forces, armed forces personnel specialists, veterans organizations volunteer, community organizer or related field. $6,656—8,940. Write: State Personnel Office, 1228 N. Scott Street, Wilmington, Del. 19806.

AFDC families by participation in U.S. Department of Agriculture food programs, 1973



Between 1971 and 1973 the proportion of AFDC families participating in the Food Stamp Program rose from 52.9 to 59.7 percent. Donated Food Program participation decreased from 15.2 to 8.9 percent. Most of the shift is attributable to an increase in areas where food stamps are available. In both 1971 and 1973, 7 in 10 AFDC families who lived in a Food Stamp Program area were participants.

National Center for Social Statistics

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